United Nations E/ICEF/2016/P/L.34

Economic and Social Council

Distr.: Limited
5 August 2016
English
Original: English/French/Spanish

For decision

United Nations Children's Fund
Executive Board
Second regular session 2016
14-16 September 2016
Item 5 (a) of the provisional agenda*

Country programme document

Côte d'Ivoire

Summary

The country programme document (CPD) for Côte d'Ivoire is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $41,868,000 from regular resources, subject to the availability of funds, and $98,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2017 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2016.

* E/ICEF/2016/13.

16-13627 (E) 080816

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Programme rationale

1. The country programme has been developed at a time of economic and social transformation in Côte d'Ivoire. With average gross domestic growth of 8 to 10 per cent since 2012, the country expects to be an emerging economy by 2020, a vision that is reflected in the National Development Plan (NDP) 2016-2020. Three of the five axes of the NDP are relevant to children: improved quality of governance and public institutions; human capital development and promotion of social well-being; and sustainable environmental development. After 10 years of political and military unrest, Côte d'Ivoire is repositioning itself on the African and international scene.

2. Poverty levels decreased from 49 per cent in 2008 to 46 per cent in 2015. However, regional disparities still remain: children in the north, north-west and west of the country are more likely to be deprived in terms of education, health, nutrition and living standards. Only 1 of 10 children (12 per cent) is not exposed to any deprivation. More than one of five children (22 per cent) suffer from at least four deprivations. Urbanization is increasing, with 51 per cent of the population now living in urban areas (Census 2014).

3. More than one half of the population is under age 19 years: adolescents represent 24 per cent of the total population and their number is projected to grow by 2 per cent per year in the next three decades. Only by increasing investments in health, education, inclusive social policies and economic transformation will the country be able to effectively manage its demographic transition.

4. Weak social accountability and limited citizen participation in public decisions characterize Côte d'Ivoire, coupled with low levels of decentralization. A National Strategy on Social Protection was developed in 2013, although only 10 per cent of households benefit from social insurance.

5. The under-five mortality rate has declined, from 125 per 1,000 live births in 2005 to 108 in 2012. Today, 9 of every 100 children die before their fifth birthday, with this risk doubled in the north and north-west. Malaria, acute respiratory infections and diarrhoeal diseases are the leading causes of child mortality. The maternal mortality ratio is 614 per 100,000 live births. Bottlenecks include weak primary health and community-based health care, poor sanitation and frequent unavailability of medicines, vaccines and supplies.

6. Nationally, 29 per cent of children were stunted in 2012 (40 per cent in the north). The contributing factors are low rates of exclusive breastfeeding (12 per cent), poor young child feeding practices, inadequate water, sanitation and hygiene (WASH) practices and women's weak nutritional status.

7. Approximately 80 per cent of Ivoirians have access to an improved water source and 22 per cent to improved sanitation facilities. Only one in three schools have water or latrines, affecting girls' retention in school. The open defecation rate is high at 28 per cent. Integration of WASH in other sectors is necessary to improve child survival and development. Although HIV prevalence decreased from 4.7 per cent in 2005 to 3.7 per cent in 2012, Côte d'Ivoire has one of the highest rates in West Africa. The antiretroviral therapy (ART) coverage gap for children under age 15 years is high, with only 16 per cent of eligible children receiving ART. The prevalence among youth aged 15-24 years is 1.3 per cent and recent analysis confirms the feminization of HIV infection (girls 2.2 per cent, boys 0.3 per cent).

8. Côte d'Ivoire has made significant steps towards improving education: in 2015, education was made compulsory for all children aged 6-16 years. Yet, 2 million children and adolescents aged 6-15 years are out of school (52.6 per cent are girls). Significant regional disparities exist with the north, north-west and west having the highest rates of school exclusion. School completion rates are low, at 63.9 per cent for primary and 36 per cent for lower secondary education. Barriers include parental perception about school readiness, the poor quality of education, lower social status of girls, negative school climate, exposure to conflict and high education costs linked to family poverty.

9. Violence against children is widespread and tolerated in households and institutions: 87 per cent of children aged 2-14 years are victims of emotional violence and 21 per cent are victims of severe corporal punishment. Victims do not disclose abuse, and very little is done to address social norms and practices to prevent and respond to violence. A National Child Protection Policy has been created, but its implementation has been timid and judiciary reforms likewise were initiated but not fully operationalized.

10. Recent studies show that 1.4 million children aged 5-17 years are engaged in child labour, half of them in agriculture. Access to identity is another important issue. According to the 2012 Demographic and Health Survey (DHS), 35 per cent of children are not registered at birth, particularly in the north, west and south-west. Bottlenecks include low awareness among the population, poor access to services, regular breakdowns at registries and the lack of a functional integrated approach to birth registration.

11. The private sector has made significant investments in sustainability and corporate social responsibility, underlining the importance of engaging with the private sector for advocacy on child rights, including implementation of the Children's Rights and Business Principles and influencing their contribution to obtaining results for children in several programme areas.

12. Key lessons from the past country programme include: the importance of focusing on broad national policies, reforms and policy implementation; improving sectoral integration and coordination; better targeting of the most disadvantaged children; strengthening support to local planning, management and monitoring capacities; and increasing emphasis on community engagement and empowerment.

Programme priorities and partnerships

13. In the framework of the NDP 2016-2020, the country programme will support the Government to identify and overcome key bottlenecks that impede realization of children's rights. It will directly contribute to two outcomes of the United Nations Development Assistance Framework (UNDAF): (a) enhancing good governance and social cohesion; and (b) human capital development with a focus on equity and increasing access by the population, especially the most vulnerable, to basic social services and social protection. Close collaboration, geographic convergence and joint programmes with United Nations agencies are planned in the areas of maternal and child health, nutrition, girls' education, HIV/AIDS and adolescent health, and birth registration.

14. Five mutually reinforcing strategies will be prioritized: (a) generating data and evidence to inform policy on children; (b) enhancing subnational institutional capacities for planning, delivery, monitoring and evaluation of basic social services; (c) communication around children's issues to reach the largest number of people, using mass media, social media and youth partnerships; (d) using innovation and communication to increase demand

for social services and promote safe family practices; and (e) expanding partnerships with civil society organizations and the private sector.

15. All UNICEF programming will incorporate actions to enhance conflict-sensitivity, peacebuilding and emergency preparedness and response. A gender lens will be applied throughout all programming, with a special focus on advancing girls' education and promoting gender-responsive adolescent health in line with the UNICEF Gender Action Plan, 2014-2017.

16. The programme will operate nationwide in terms of advocacy for an enabling environment and for appropriate child-sensitive policies. It will also support national programmes such as immunization and will contribute to the development, monitoring and evaluation of the sectoral plans in nutrition, health, education, HIV/AIDS and child protection. At the operational level, all programme components will focus on the regions and districts with the highest disparities and worst child development indicators (north-west, north-east and south-west) and those that are prone to conflict in the west. The programme will prioritize specific programme areas on the most vulnerable urban families in Abidjan.

17. The country programme will be implemented through the following five programme components.

Child survival and development

18. This programme, with subcomponents for nutrition, health and WASH, will contribute to ensuring the survival and optimal development of each child. As part of the global effort to reduce stunting, the nutrition subcomponent will help to ensure that adolescent girls, pregnant and lactating women and children under five years of age utilize nutrition services offering high-impact interventions and promoting optimal nutrition behaviours. UNICEF will provide necessary evidence, build a robust nutrition information system, leverage partnerships and resources and support implementation of the nutrition strategic plan. UNICEF will advocate for a regulatory nutrition framework, especially on marketing of breast-milk substitutes. At the operational level, UNICEF will improve delivery of high-impact health and nutrition interventions in the deprived regions of the north, north-west, west and south-west and in poor neighbourhoods of Abidjan. Knowledge of caregivers on essential nutrition practices will be reinforced. UNICEF will work with the National Nutrition Council, the Ministries of Health and of Education, key United Nations agencies, the World Bank, the African Development Bank, civil society and other partners.

19. As part of the 2016-2020 National Health Development Plan, the health subcomponent will ensure that pregnant women, newborns, children and adolescents utilize health services offering high-impact interventions, respectful and quality care and promoting healthy behaviours. Support will be provided to the analysis of barriers to health services and the development of necessary strategies, including a newborn action plan and improving the quality of prenatal care. To address low immunization levels, UNICEF will build capacities to support nationwide immunization and other child health services, especially at the community level. Support will include training, improved supervision, planning and development of implementation strategies.

20. The WASH subcomponent will help to ensure that children, adolescents and women, including the most disadvantaged and vulnerable, use equitable and sustainable WASH services. UNICEF will focus on creating a favourable environment for WASH through advocacy, policy dialogue and technical support for the development of national strategies

and standards. To address the weak WASH services in deprived regions, UNICEF will contribute to the development of accessible, sustainable and innovative WASH services within targeted communities in the northwest, southwest and west and in some precarious neighbourhoods in Abidjan. UNICEF will provide support for sustainable management of WASH services at the local level. Special attention will be given to promoting the use of safe water to reduce neonatal, and ultimately newborn and child mortality. A holistic communication strategy on hygiene and sanitation will be implemented.

Early childhood development and basic education

21. As a contribution to the 10-year Education Sector Plan and the newly adopted law on compulsory education for all children aged 6-16 years, the early childhood development (ECD) and basic education programme will help to ensure that children aged 3-16 years, especially girls from the most disadvantaged regions, have increased and equitable access to quality ECD and basic education services. UNICEF will promote an intersectoral approach to ECD, support relevant ministries to develop a national policy for integrated ECD and secure funding for its operationalization in the north, west and south-west regions. UNICEF will advocate for an integrated package of ECD services (including the first 1,000 days of life) and will reinforce institutional capacities to operationalize interministerial coordination. Building on past work in peacebuilding and social cohesion in conflict-affected areas, UNICEF will work on increasing community engagement, especially of mothers' groups, in ECD. Synergies will be established with the child survival component, especially in nutrition and health. Collaboration will be sought with the French Development Agency (*Agence Française pour le Développement* (AFD)) World Bank, World Food Programme (WFP) and Bernard Van Leer foundation to mobilize additional resources to scale up ECD programmes and to improve the quality of education, including in emergency situations.

22. To address the significant gender disparities in education, UNICEF will help to address the bottlenecks impeding girls' education, notably safety and security concerns, opportunity costs of education, and gender-insensitive school environments, focusing on the north-west and south-west where girls' enrolment is low, in partnership with AFD, United Nations agencies and the World Bank.

23. UNICEF will address the reintegration of children and adolescents who were excluded from school, by supporting the scaling-up of accelerated learning programmes to permit them to catch up. For those who are unable to re-enter formal schooling, UNICEF will advocate for the expansion of vocational skills development programmes. To enhance the quality of education, UNICEF will support the integration of child-friendly school standards in teacher training curricula and the development of life-skills-based programmes, while advocating for improved of learning conditions and promoting equitable relations between boys and girls. Based on the lessons learned from its 'learning for peace' programme, UNICEF will collaborate with the Government and non-governmental organizations (NGOs) to reinforce mechanisms to reduce conflict and disaster risk in schools and communities, while empowering youth for peace and sustainable development. To reinforce monitoring systems and increase accountability, UNICEF will continue to support the decentralization of the Education Management Information System.

Child protection

24. The programme will focus on: (a) access of children and adolescents, especially girls, to prevention and specialized protection services; and (b) promotion of birth registration. UNICEF will continue to focus on strengthening systems to prevent and respond to violence, abuse and exploitation of children in line with the National Child Protection Policy. Key strategies include promoting legislative and policy reform in alignment with the Convention on the Rights of the Child, advocating for coordination and building capacity for service delivery to the most-at-risk and vulnerable children. Collaboration will be carried out with concerned sectoral ministries and local authorities and in partnership with AFD, the European Union (EU) and NGOs.

25. Persistent attitudes and behaviours that perpetuate violence against children in schools, especially girls, will be tackled through the Ministry of Education's 'end violence in school' initiative, with a focus on data collection about the incidence of violence, reform of teacher training curricula and implementation of the code of conduct.

26. UNICEF will collaborate with relevant ministries to support implementation of the child protection system in 10 districts in Abidjan, the north-west, west, north-east and the south-west regions. In addition to the National Monitoring Committee on the Worst Forms of Child Labour, partners include the AFD, EU, the United Nations Population Fund (UNFPA), the United States Centers for Disease Control and Prevention and President's Emergency Plan for AIDS Relief (PEPFAR), the World Bank and private sector associations such as the International Cacao Initiative and Jacob Foundation.

27. With the aim of ensuring legal protection and the right to identity for every child, UNICEF will promote birth registration through a three-pronged strategy: (a) policy dialogue and building partnerships; (b) national interventions in support of coordination, planning, standardization of services, monitoring and strengthening knowledge and evidence; and (c) decentralized interventions in targeted districts with very low birth registration rates to stimulate demand for birth registration and strengthen the civil registry service. Work will be carried out with the Ministry of Interior, the Ministry of Health and key bilateral and multilateral partners notably the World Bank, African Union, EU and the African Development Bank.

HIV/AIDS and adolescents

28. Aligned with the National HIV Strategic Plan (2016-2020), the programme will ensure that women, children and adolescents, especially the most vulnerable, use equitable and quality services of prevention, care and treatment for HIV and sexually transmitted infections (STIs) and promote healthy behaviour. To build a favourable environment, UNICEF will provide support to national and regional authorities to enable them to better coordinate and develop evidence-based national policies and strategies.

29. To address bottlenecks related to the lack of appropriate community interventions, weak demand for services and to retain and track HIV-positive cases, UNICEF will support health structures and civil society in three high-burden regions to provide equitable and quality paediatric and adolescent HIV services as well as services for prevention of mother-to-child transmission of HIV (PMTCT), through innovative case-finding. PEPFAR will guarantee the necessary training, drugs and supplies, and UNICEF will advocate for greater access to ART and inclusion of PMTCT and paediatric HIV care in health facilities. UNICEF will also support community-level interventions to retain HIV-positive patients in the health system and organize outreach on issues related to antenatal care and HIV/AIDS.

30. To increase access of adolescents, especially girls, to health services related to HIV/STIs and teenage pregnancy and to increase knowledge about those risks, UNICEF will build the capacity of health services to address prevention of HIV/STIs and teenage pregnancy in three regions (central-north, south-west and Abidjan city). UNICEF will support demand creation through communication and outreach activities, using mobile technology to raise awareness of adolescents. UNICEF will support the introduction of the U-Report model and work on developing a comprehensive behaviour change communication strategy, including the integration of comprehensive life-skills education into school curricula.

31. Key partners in implementing this programme component will include the Ministries of Health, Youth, Child Protection and Education and the Joint United Nations Programme on HIV/AIDS, UNFPA, the World Health Organization, the Global Fund to Fights AIDS, Tuberculosis and Malaria, PEPFAR and civil society organizations.

Social inclusion

32. The programme will work to identify, monitor and generate evidence on the most vulnerable, build social protection systems and programmes as a mean of reducing poverty in all its dimensions, and support decentralization and public finances for children. It will support effective implementation of a cash transfer programme to reduce income poverty and remove financial barriers for the poorest to access basic social services. Technical and political dialogue on public expenditure will be strengthened to achieve better allocation and use of public resources for social sectors, both at central and decentralize levels. A high-level dialogue will be maintained on national policies, quality and equity of public expenditures, inclusive growth and governance. The work will be undertaken in partnership with the Ministries of Labour and Social Affairs, Education, and Health, the World Bank, and United Nations agencies.

Programme effectiveness

33. The programme will consolidate actions to support programme results and effectiveness, strengthening cohesion, accountability and cross-programme integration through planning, programme monitoring, partner assurance and accountability in the context of Delivering as One. Multisectoral coordination will be promoted to ensure provision of essential packages such as those related to ECD, girls' education, adolescent health, social protection and other cross-sectoral themes such as stunting, gender, convergence and innovation that will underpin the new programme.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival and development	9 856	42 140	51 996
Early childhood development and basic education	7 182	21 560	28 742
Child protection	4 372	11 760	16 132
HIV/AIDS and adolescents	4 371	9 800	14 171

Social inclusion	3 242	2 940	6 182
Programme effectiveness	12 845	9 800	22 645
Total	**41 868**	**98 000**	**139 868**

Programme and risk management

34. The country programme is coordinated by the Ministry of Planning and Development and is consistent with the priorities of the NDP 2016-2020, UNDAF, the African Union 2063 Agenda and the Sustainable Development Goals, notably enhancing good governance and social cohesion and increasing equity and access by the population, especially the most vulnerable, to basic social services and social protection.

35. Conflict and insecurity in the west, dwindling financial resources and the limited capacity of implementing partners are the main vulnerabilities identified. To mitigate these risks, UNICEF will regularly assess and monitor the situation. The harmonized approach to cash transfers, in use since 2014, will be further strengthened to reduce and manage risks.

36. UNICEF will continue to operate with a country office in Abidjan and field office in Man. The latter is essential because of the poor child-related indicators and frequent communal violence and the importance of continued work on social cohesion. A joint United Nations field office in the north, the region with the poorest child-related indicators, will enhance planning, implementation and monitoring of decentralized interventions. Both field offices will enhance convergence and joint United Nations programming and enable early warning about potential situation changes.

37. In the light of the Government's aspiration to become an emerging country by 2020 and the changing funding landscape, UNICEF will shift towards more upstream work, influencing and leveraging existing resources through strategic partnerships. Engagement with the private cocoa sector in the context of corporate social responsibility actions will be strengthened.

38. This CPD outlines the UNICEF contribution to national results and serves as the instrument of accountability to the Executive Board for the planned results and resources allocated to the country. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

39. The four-year integrated monitoring and evaluation plan, complemented by a costed evaluation plan, will define all priority monitoring, research and evaluation activities. Four key evaluations will be conducted, of: (a) immunization services; (b) the WASH programme; (c) the child-friendly schools programme; and (d) birth registration.

40. The programme will employ monitoring and evaluation at three levels. At the first level, it will measure its performance by monitoring inputs and outputs. Benchmarks will be established in line with those adopted by the country office for monitoring of the programme management indicators that are assessed on a monthly basis.

41. At the second level, UNICEF will work with other United Nations agencies to strengthen data collection systems in health, education, child protection and WASH at the national and decentralized levels. These data will make it possible to measure progress on programme outcomes and monitor the reduction of barriers and bottlenecks hindering access to services. A knowledge, attitudes and practices survey on demand for basic services will be conducted in regions where downstream interventions are undertaken.

42. At the third level, to assess the overall effect of the contributions of partners, including UNICEF, a Multiple Indicator Cluster Survey will be conducted in 2019; it will also support preparations for the next NDP and the post-2020 UNICEF programme.

43. Midyear and annual reviews of the UNICEF programme will be used to consolidate inputs for UNDAF monitoring and reporting. An in-depth second-year annual review will serve to make necessary programme and strategy adjustments. Joint programme monitoring visits at subnational levels with government authorities and other partners will be initiated to verify and discuss progress on results achieved.

44. Support will also be provided through the development of the Global DevInfo Initiative to assess progress on the NDP and the UNDAF. To enhance its equity-focused programming, UNICEF will monitor the reduction of bottlenecks to access to quality services in the northern regions, which have the poorest child development indicators.

Annex

Results and resources framework

Côte d'Ivoire – UNICEF country programme of cooperation, 2017-2020[1]

Convention on the Rights of the Child: Articles 4, 6, 7, 8, 9-10, 12, 13, 16, 18, 19, 20, 21, 23, 24, 25, 26, 27, 28, 29, 31, 32, 35-37, 39-40 **National priorities: National Development Plan** Strategic Result 1. Strengthening of the quality of institutions and governance in all its forms; Strategic Result 2. Acceleration of human capital development and promotion of well-being
UNDAF outcomes involving UNICEF: 1. By 2020, the national institutes implement public policies that strengthen governance and social cohesion in order to reduce inequalities. 2. By 2020, the most vulnerable populations benefit in an equitable manner of quality basic social services and social protection. **Outcome indicators:** Proportion of health centres offering essential nutrition services; proportion of children aged 6 to 59 months treated for malnutrition; proportion of women of childbearing age aware of good nutrition practices; proportion of children aged 0-11 months receiving three doses of pentavalent vaccine; rate of prenatal consultations; Number of villages eliminating open defecation; number of new households having access to an improved water point; number of new health centres and schools equipped with WASH infrastructure Gender parity index at schools in intervention zone; completion rate at primary school; completion rate at first cycle of secondary school; Percentage of seropositive pregnant women receiving ARV treatment; Number of children and women victims of physical violence receiving an adequate treatment; percentage of social welfare structures capable to provide prevention and response services to women and children victims of violence; Number of functional civil registration services in intervention zones; Percentage of vulnerable households benefiting from social safety nets.
Related UNICEF Strategic Plan outcomes: 1. Health; 4. Nutrition; 3. WASH; 5. Education 2. HIV/AIDS; 6. Child protection; 7. Social inclusion

[1] All baselines and targets are national-level indicators unless otherwise specified.

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Child survival and development Outcome 1: By 2020, adolescent girls, pregnant and lactating women, and children under five utilize quality nutrition services offering high impact interventions and promoting optimal nutrition behaviours	1.1: Percentage of children 6-59 months receiving biannual vitamin A Baseline: 71% (2015) Target: 90%	Campaign report/MICS	By 2019, Government has the capacity to operationalize a multisectoral coordination and monitoring system for the implementation of the nutrition strategic plan at central and decentralized levels By 2019, government offices at ministry levels, involved in the nutrition sector, have the tools to scale up specific nutritional interventions and essential regulations and directives are available By 2020, health districts in targeted regions and areas of Abidjan have the capacity to offer specific high impact nutritional interventions to adolescents girls, pregnant and lactating women and children under five including in humanitarian situations. By 2020, adolescent girls, mothers, caregivers and communities have knowledge on essential nutrition practices including in humanitarian situations	National Nutrition Council, Ministries of Health (MOH), of Agriculture, of Social Protection, of Family, of Education, NGOs, civil society, communities, United Nations agencies, donors, AfdB, AFD, World Bank, universities and private sector	9 856	42 140	51 996
	1.2: Children 0-5 months old who are exclusively breastfed Baseline: 12% (2012) Target: 50%	MICS					
	1.3: Children 6-23 months provided with minimum acceptable diet Baseline: 5% (2012) Target: 25%	MICS					
	1.4: Percentage of stunting in children aged 6-59 months Baseline: 29% (2012) Target: 20%	MICS					
	1.5: Percentage of children 6-59 months affected by severe acute malnutrition who are discharged as recovered whether or not supported by UNICEF Baseline: N/A Target: 75% (Annual)	Routine Information System					
Outcome 2: By 2020, pregnant women, newborn, children and adolescents utilize health services offering both high impact interventions	2.1: Proportion of births attended by skilled health personnel Baseline: 59% (2012) Target: 85%	MICS	By 2020, policies, laws, budget and decrees adopted are favourable for scaling up of health interventions at national level. By 2020, the health system has the	MOH, NGOs, communities, UNFPA, WHO, Global Fund, GAVI, AFD, World Bank			
	2.2: Percentage of children <	MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
and respectful and quality care and promoting healthy behaviours	1 year receiving three doses of pentavalent vaccine at national level Baseline: 67% (2014) Target: 90%		capacity to support the nationwide provision of immunization and essential high-impact maternal, newborn, child and adolescent health. By 2020, health facilities in four regions and precarious areas in Abidjan have the capacities to deliver essential high-impact interventions for maternal, newborn, child and adolescent health interventions and respectful and quality care By 2018, communities and households in disadvantaged areas in four regions and precarious areas in Abidjan, have appropriate knowledge on key family practices for maternal, newborn and child health				
	2.3: Percentage of children aged 0-59 months who had fever in the last two weeks who received anti-malarial drugs Baseline: 18% (2012) Target: 80%	MICS					
	2.4: Percentage of children aged 0-59 months with symptoms of pneumonia taken to an appropriate health provider Baseline: 29% (2012) Target: 80%						
	2.5: Percentage of children aged 0-59 months with diarrhoea receiving oral rehydration salts and zinc Baseline: 36% (2012) Target: 80%						
Outcome 3: By end 2020, women, adolescents and children including the most vulnerable utilize equitable and sustainable WASH services in rural areas in times of stability and crisis	3.1: Percentage of rural population that practice open defecation Baseline: 51% Target: 40%	MICS	By 2019, the ministries involved in the WASH sector, equip themselves with an appropriate legislative framework. By 2020, ministries of the WASH, education, health sectors, targeted local authorities have increased national capacity for coordination,	Sectoral ministries concerned; WASH sectoral group; EU; Government of the Netherlands			
	3.2: Percentage of population using an improved water source for drinking water in rural area	MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Baseline: 67% Target: 70%		planning and monitoring in times of stability and crisis By 2020, communities in targeted regions know the risks of poor WASH practices (open defecation, unsafe water, and lack of handwashing) and the proper techniques and critical moments for improved hygiene behaviours. By 2020, the capacities of public and private sector increased to deliver equitable, sustainable and affordable WASH services to communities in targeted regions				
	3.3: Percentage of rural household with handwashing with soap and water Baseline: 12% Target: 22%	MICS					
Early childhood development and education Outcome 4: By 2020, children aged 3 to 16, especially girls from the most disadvantaged regions, have increased and equitable access to quality early childhood development and gender responsive basic education services	4.1: Gross enrolment ratio in pre-primary education Baseline: 2015 Total: 7.4%; Females:7.6% Males: 7.1%; Gender Parity Index (GPI): 1.07 Target: Total: 11%; Females: 11% Males: 11%; GPI: 1	Routine Information System	By 2018, a national policy for integrated early childhood development is operational and facilitates the provision of quality and inclusive ECD services. By 2019, families and communities have adequate knowledge of the impact of school exclusion, and are aware of and agree with the advantages of education, especially for girls By 2020, regional directorates of education provide quality formal education and vocational training opportunities for out of school children from the north, west and south-west regions. By 2020, regional directorates of	Ministries of Education; of Vocational Training, of Social Affairs, of Planning and Development; AFD; World Bank; United Nations agencies; National Statistics Institute; National School of Statistics and Applied Economics; West and Central African Education Research Network	7 182	21 560	28 742
	4.2. Completion rate Baseline: Primary Total: 63.9%; Females:58.8%; Males: 68.5%; GPI: 0.85 Lower secondary Total: 36%; Females:30.5% Males: 41.2%; GPI: 0.78	Routine Information System					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Target: Primary Total: 94.2 %; Females: 94.2%; Males: 94.2%; GPI: 1 Lower secondary Total: 50%; Females:50%; Males: 50%; GPI: 1		education and public school personnel use the knowledge, tools and resources to monitor and sustain education quality standards in the north, west and south-west regions. By 2020, the centralized and decentralized education authorities have the required knowledge and tools to implement and monitor the compulsory education policy and the education sector plan, including in terms of equity, gender and conflict/disaster risk reduction.				
	4.3. Number of primary/lower secondary school-age children out of school and related gender parity index (GPI) Baseline: 2015 Primary Total: 1,123, 674 Females:581,692 Males: 541,982; GPI: 1.07 Lower secondary Total: 756,636; Females: 449,286; Males: 307,350 GPI: 1.46 Target: Primary Total: 561,837 Females:280,919 Males: 280,918 GPI: 1 Lower secondary Total: 378,318 Females:204,292 Males: 174,026 GPI: 1.17	MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	4.4: Gross intake rate to grade one of lower secondary education (boys/girls) Baseline: 46.2%/60.9% Target: 55%/65%						
HIV/AIDS and adolescents Outcome 5: By 2020 women, children and adolescent, especially the most vulnerable, use equitable and quality HIV services	5.1: Percentage of pregnant women living with HIV who are receiving ART to reduce mother-to-child transmission Baseline: 80% Target: 95%	Routine Information System	National and regional authorities are able to develop policy and strategies on HIV and adolescents. Health facilities in target regions provide quality PMTCT, paediatric and adolescent HIV services. Adolescents' health services can provide a continuum of services for prevention of HIV, STIs and teenage pregnancy. Adolescents in target regions acquire life skills and sexual education.	Ministries of Health, of Youth, of Education; United Nations Agencies; PEPFAR; National NGOs	4 371	9 800	14 171
	5.2: Percentage of children aged 0-19 years living with HIV that are receiving ART (disaggregated by sex) 0-15 years Baseline: 16% Target: 45% 15-19 years Baseline: 32% Target: 60%	Routine Information System					
	5.3: Female adolescents 15-19 years with knowledge about HIV and AIDS Baseline: 21% Target: 50%	MICS					
Child protection Outcome 6: By 2020, children and adolescents, especially girls, have access to appropriate and sustainable child protection services in a	6.1: Percentage of adults who consider corporal punishment at school acceptable Baseline: 33% Target: 25%	KAP survey	By 2020, national and regional institutions are able to plan, budget, coordinate, and monitor child protection interventions By 2020, school authorities are able to prevent, detect, and refer for care children victims of	Sectoral ministries concerned, United Nations agencies AFD, EU, PEPFAR, NGOs	4 372	11 760	16 132
	6.2: Percentage of girls 15-19 victims of sexual violence and seeking assistance	MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
favourable social environment	Baseline: 34% Target: 50%		violence and exploitation By 2020, child protection services in target regions are able to prevent, detect, refer and care for children victims of violence and exploitation By 2020, communities in target regions can better protect children from violence and abuse				
	6.3: Percentage of adult and children stating they are comfortable seeking help from appropriate service providers Baseline: TBD Target: Increased by 5%	KAP survey					
	6.4: Percentage of children in contact with justice (as author, victim or witness in proceedings) who benefited from legal aid services representation Baseline: TBD Target: Increased by 10%	Administrative data					
Outcome 7: By 2020 parents declare their children at birth within the legal deadline	7.1: Proportion of new births registered within 3 months in targeted regions Baseline: 55% Target: 80%	Routine Information System	By 2020, government authorities can coordinate, plan and monitor implementation of civil registration By 2020, civil registry services in target regions are able to register declared births By 2020, communities in target regions understand procedures for birth registration	Sectoral ministries concerned, United Nations agencies, AFD, EU, AfDB, NGOs			
	7.2: Proportion of children under 5 registered Baseline: 65% Target: 75%	MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Social inclusion Outcome 8: By 2020, children of poor and vulnerable households benefit from social protection interventions	8.1 Per cent of children under 5 covered by government cash transfer programmes Baseline: 0 Target: 10%	Routine Information System	By 2020, social welfare services understand better vulnerability of households and can better implement social protection By 2020, Government has necessary evidence to allocate more resources for child-focused services By 2020, households covered by cash transfer programmes understand importance of utilizing basic services	Ministries of Planning, of Social Affairs; World Bank, AfDB, WFP, civil society	3 242	2 940	6 182
	8.2. Government budget allocations to sectoral policies and programs as percentage of total government budget allocations Baseline: 34% (2013 pro-poor spending) Target: 40%	Evaluation report					
Programme effectiveness Outcome 9: Country programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results	9.1: Percentage of programme outputs achieved Baseline: 0% Target: at least 80%	Evaluation report	UNICEF staff and partners are provided guidance and tools to effectively design and manage programmes, for effective communication and advocacy on children, and communication for development	Government partners, civil society, United Nations agencies, bilateral and multilateral partners	12 845	9 800	22 645
Total resources					**41 868**	**98 000**	**139 868**

United Nations E/ICEF/2016/P/L.35

Economic and Social Council

Distr.: Limited
15 July 2016

Original: English

For decision

United Nations Children's Fund
Executive Board
Second regular session 2016
14-16 September 2016
Item 5 (a) of the provisional agenda*

Country programme document

The Islamic Republic of the Gambia

Summary

The country programme document (CPD) for the Islamic Republic of the Gambia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $8,915,000 from regular resources, subject to the availability of funds, and $14,740,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2017 to 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2016.

* E/ICEF/2016/13.

16-12274 (E) 050816

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Programme rationale

1. The Islamic Republic of the Gambia has made substantial progress for children in immunization (above 90 per cent coverage for all major antigens), basic education (gross primary school enrolment ratio of 101 per cent for boys and girls) and water provision (90 per cent of the population use an improved water source for drinking and only 2 per cent practise open defection). According to the 2013 Demographic and Health Survey (DHS), the under-five mortality rate decreased from 109 to 54 per 1,000 live births between 2010 and 2013, a decline of 49 per cent. The President recently banned female genital mutilation/cutting (FGM/C), spurring hopes for renewed efforts to end this harmful traditional practice, which is estimated to affect some three fourths of adult women.

2. Nonetheless, Gambian children still face major inequities. They live in a small, densely populated low-income country with one of the fastest population growth rates in the world (3.3 per cent per year). In 2013, the population was estimated to be 1.9 million (58 per cent urban/42 per cent rural), with 42 per cent under the age of 15 years. According to the 2015 Human Development Index, 57 per cent of the population are multidimensionally poor. The 2010 Integrated Household Survey found the rate of income poverty to be 48 per cent nationally, with huge disparities between urban and rural areas (70 per cent of the rural population living on less than $1.25 a day, compared with 33 per cent of the urban population). There is limited social security and social insurance, which primarily reaches people in formal employment, thus excluding most women and older children.

3. The Gambia is highly susceptible to such environmental shocks as floods and droughts. Erratic rainfall has led to crop failure and food insecurity, especially among rural communities. This is further compounded by high food prices and an unstable currency, with the urban poor suffering the most. The country is prone to outbreaks of such diseases as meningitis and is threatened by Ebola virus disease and Lassa fever.

4. The health sector is weak, with a deteriorating physical infrastructure, lack of supplies and equipment, shortages of adequately trained health personnel, high attrition rates and an inadequate referral system. Both the 2015 situation analysis and the health sector bottleneck analysis found that primary health care (PHC) is weak and inadequately funded. According to 2014 data from the Child Health Epidemiology Reference Group (CHERG), neonatal mortality accounts for 40 per cent of all deaths among children under five years of age.

5. The Gambia is part of the Scaling Up Nutrition (SUN) movement, but malnutrition among children under the age of five years has not changed over the past 15 years. The 2015 SMART survey found that 22.9 per cent of children were stunted, 10.3 per cent wasted, 2.2 per cent severely wasted and 21.6 per cent underweight. These findings were worse than those reported by the Multiple Indicator Cluster Survey (MICS) in 2000 (19.1 per cent for stunting, 8.2 per cent for wasting and 17.1 per cent for underweight).

6. The 2013 DHS revealed low rates of sanitation coverage (only 40 per cent use an improved sanitation facility that is not shared with other households) and handwashing with soap (10 per cent), as well as poor water, sanitation and hygiene (WASH) services in institutions, especially in health facilities and madrasas. Diarrhoea, which is linked to poor sanitation and hygiene practices, accounts for 7 per cent of under-five mortality (CHERG 2014). Poor hygiene practices contribute to high malnutrition and neonatal infection.

7. The key bottlenecks that have been identified for child survival and development are the weak health and referral systems, low community engagement and participation,

inappropriate child feeding and caring practices and inadequate capacities of the health, nutrition and WASH systems.

8. Education is one of the strongest sectors in the Gambia, with many active partners and a strong financial commitment by the Government. However, there are important differences in access to, and demand for, education depending on location and family circumstances. An estimated 26 per cent of school-aged children are out of school. Poor, rural children (boys and girls) leave school before completing six years of basic education, a significant minority of children in some regions have never been to school and urban children have greater access to preschool education, putting rural children at a disadvantage in terms of the transition to primary school. Only 45 per cent of children have access to early childhood development (ECD) services.

9. The major discriminatory factors for deprivation identified in the 2010 country status report on education were: poverty (children from low-income families are less likely to attend or stay in school); gender (girls are more likely to leave school for marriage or to take care of younger siblings); disability (children with disabilities are less likely to attend school due to the parental belief that they have less capacity to learn; school facilities are inaccessible; and curricula are not adapted to special needs); and geographic location (children in rural areas are less likely to benefit from secondary education).

10. In view of this analysis and the comparative advantage compared with other actors in the sector, UNICEF will focus on preschool education and the promotion of inclusive education (for girls, children with disabilities and children attending madrassas and koranic centres, known as "daras", among other disadvantaged groups).

11. A 2013 assessment of child protection revealed a range of issues: a weak child protection system; a high prevalence of violence against children, including physical and sexual abuse in homes, schools, institutions and communities, and corporal punishment; sexual harassment and the abuse of children, especially adolescent girls, in schools, communities and the tourism sector; high rates of child marriage and FGM/C; and local norms and values, including a culture of silence, that challenge the consistency of child protection services. According to the situation analysis, 72 per cent of children under five years of age have been registered, although incentives to register births are limited because a birth certificate is not required for school or other key child services. Additionally, birth certificates are issued only at six points in the country and must be collected in person.

12. Identified bottlenecks include: limited funding; a lack of technical and institutional capacity; limited coordination among child protection institutions; limited collection, analysis, management and use of data, monitoring and evaluation; limited outreach at the regional, district and community levels; weak implementation and enforcement of international and domestic legislation and policies; limited awareness of stakeholders, especially at the district and community levels, about child protection legislation; traditional and cultural beliefs and practices; and religious and cultural sensitivities.

13. The situation analysis found that both the Government and United Nations partners developed only limited linkages between different service areas, but it is clear that children face interlinked, multiple deprivations. Nutritional deficiencies affect health and education outcomes; social protection has strong links with poverty, which is an underlying cause of health, education and child protection deficiencies; and the conceptual differences between customary, sharia and national laws, and the application of these different legal systems, leave both communities and enforcers of legal systems (i.e., police and social welfare officers, traditional and religious leaders) in an ambiguous area with regard to child rights.

14. Under the previous country programme, UNICEF focused on the Upper and Central River regions and two districts from the North Bank region, all considered to have the

greatest inequities. However, the situation analysis found that rural-to-urban migration has been significant, with over 58 per cent of the population now living in urban areas. Given the country's small geographic area and population size, widespread poverty and limited human resource capacities, the country programme will focus on the most deprived areas and population groups, based on evidence and in consultation with partners.

15. Another key lesson is that with relatively few donors present in the country, UNICEF and the United Nations system have an important role to play in building the capacities of the Government. UNICEF will continue to promote such joint advocacy and programming initiatives as the United Nations Population Fund (UNFPA)/UNICEF programme on FGM/C and child marriage and other partnerships being explored around nutrition, health and social protection. UNICEF will continue to seek innovative ways of channelling available funding, using European Union (EU) nutrition funds, for example, to establish a cash transfer programme to allow families with young children to purchase more nutritious foods. As part of this initiative, UNICEF will continue to explore potential cooperation with the World Food Programme (WFP).

Programme priorities and partnerships

16. The Government of the Gambia is finalizing its new National Development Plan, 2017-2022, the successor to the Program for Accelerated Growth and Employment, 2012-2015. The United Nations country team (UNCT) has fully supported this process and developed the draft United Nations Development Assistance Framework (UNDAF) in tandem with the new plan, which coincides with the last years of the Government's Vision 2020 strategic plan. The draft UNDAF will mainstream the international development agenda, guided by the Sustainable Development Goals and the national development priorities outlined in Vision 2020 and the new National Development Plan. The country programme is also guided by the concluding observations of the Committee on the Rights of the Child on the combined second and third periodic reports of the Gambia. A gender lens will be applied throughout all programming, with a special focus on child marriage and girls' access to education, in line with the UNICEF Gender Action Plan, 2014-2017.

17. The draft UNDAF has three priority areas: (a) governance, economic management and human rights; (b) human capital development; and (c) sustainable agriculture, natural resources and environmental management. Although the Gambia is not yet a "Delivering as one" country, the UNCT has started to implement some aspects of it through, for example, the Joint Programming Group and joint field monitoring.

Child survival and development

18. In line with the UNDAF outcomes for health, WASH, nutrition and social inclusion, this component will contribute to strengthening the health, WASH and nutrition systems through capacity-building and service delivery to provide quality and inclusive services for girls, boys and women, particularly the excluded and most vulnerable.

19. The child survival and development programme has proposed outcomes for health, nutrition and WASH; it addresses both upstream policy advocacy and technical support and downstream community-based systems and services, emphasizing in particular strengthened intersectoral collaboration and coordination at the community level.

20. The programme will promote integrated community development that includes health, nutrition, WASH and early learning for children aged 0 to 6 years. It will work with the child protection sector on mitigating early marriage and reducing girls' school dropout

by supporting improved adolescent health and hygiene practices, including through the availability of WASH facilities in schools. It will work closely with the inclusive education component on making community services accessible to children with disabilities. The programme will include emergency preparedness and response and resilience-building in its planning and capacity development with partners. The programme will be part of a proposed "information communication technology for development" initiative, using geographic information system mapping to generate real-time data on community services.

21. Regarding health, if Gambian children and women have access to and utilize improved and equitable quality maternal and child health services and learn and practise healthy behaviours, children will benefit from immunization and other preventive services, childhood diseases will be recognized and treated appropriately and maternal, neonatal and child mortality will be reduced.

22. Within the scope of revitalizing PHC and strengthening high-impact health and nutrition interventions at the community level, the programme will support: the training of health workers to deliver effective services (immunization, emergency maternal, neonatal, infant and child health; the integrated management of neonatal and childhood illness; and early infant diagnosis); the strengthening of supply chain management systems; vitamin A supplementation; the procurement of essential drugs; mass vaccination campaigns; the introduction of new vaccines; and the elimination of mother-to-child transmission of HIV. Social behaviour change communication will be employed to engage communities in promoting care practices, especially for newborns, and in promoting immunization activities. UNICEF will facilitate the Government's purchase of vaccines through procurement services.

23. Regarding nutrition, if all children, adolescent girls and women, especially the most vulnerable, realize their rights and utilize equitable and quality nutrition services and nutrition and care practices, the rates of stunting, wasting and micronutrient deficiencies will decline, especially among children in the first 1,000 days of life; children with severe acute malnutrition will be treated appropriately; and under-five mortality will be reduced.

24. The child survival and development programme will support capacity development, policy dialogue and advocacy to promote increased financing and the improved coordination of nutrition interventions by the Government. At the community level, the programme will support: service delivery; supply chain improvement; the training of staff in social behaviour change communication to address socio-cultural barriers, engage caregivers and families regarding their rights and their duty to ensure adequate nutrition for their children and to prevent malnutrition; micronutrient supplementation; the integrated management of acute malnutrition; and the strengthening of evidence generation and information management. UNICEF will partner with WFP to promote school meals and nutrition education activities.

25. Joint United Nations efforts on nutrition will include support for the SUN initiative through the Renewed Efforts Against Child Hunger and Undernutrition and Global Alliance for Resilience initiatives. The main vehicle for inter-agency cooperation is the joint United Nations working group on nutrition, chaired by UNICEF, which also includes the Food and Agricultural Organization of the United Nations (FAO) and WFP.

26. Regarding WASH, if girls, boys and women have improved and equitable access to and utilize safe drinking water and sanitation services and practise improved hygiene behaviours, the overall rate of WASH coverage in communities and institutions will increase and childhood mortality and malnutrition rates due to diarrhoea and related diseases will decrease.

27. The programme will focus on policy dialogue and advocacy, evidence generation and capacity development to strengthen the legislative, financing and policy environment for WASH, including coordination; the strengthening of WASH in institutions (schools and health-care facilities, with a special focus on girls); and service delivery. At the community level, the programme will promote behavioural change to influence social norms around safe water, handling and safety practices and hygiene and sanitation; community engagement to create demand through the Community Approaches to Total Sanitation (CATS) initiative; and government and civil society outreach efforts and media campaigns. Efforts will target the most vulnerable populations, especially the urban poor.

28. UNICEF will support capacity-building in strategic planning, supply chain management, financing, data collection, evidence generation and research for technical staff of the Ministry of Health and Social Welfare, National Nutrition Agency and Department of Water Resources. Mechanisms for the coordination and implementation of health, WASH and nutrition interventions will be strengthened at the central and decentralized levels, e.g., through the Health Compact, Nutrition Technical Advisory Committee, CATS Taskforce, WASH multisectoral working group and Immunization Inter-agency Coordinating Committee. UNICEF will help to strengthen relevant databases in support of equity-focused policies, efficient resource allocations and sustained investments in children and women.

Protection and inclusion of children

29. The vision for this programme is to ensure the rights of all children in the Gambia to social protection and protection from violence, abuse and exploitation, including through an inclusive education system that provides a protective environment for all children and their right to inclusive and comprehensive early childhood education. This strategy is derived from the national child protection strategy, national social protection policy and the UNDAF outcomes for education and social protection.

30. UNICEF will contribute to strengthening the child protection and social protection systems to reduce violence against children and harmful traditional practices; making the education system accessible to all children, especially for children aged 0 to 6 years and those excluded from education, especially girls and children with special learning needs; and supporting the implementation of the new social protection policy.

31. In merging previously separate programme components for education and child protection, employing a more strategic focus in education and supporting the new social protection policy, the country programme emphasizes issues of protection and inclusion, particularly in the context of giving all children access to early learning opportunities, making the school a protective and inclusive environment for all children and ensuring that a minimum level of social protection is available to the poorest and most vulnerable children. Peacebuilding education will be integrated into the programme, given the fragility and exposure of the West Africa region to civil unrest and extremist groups.

32. The programme will address socioeconomic vulnerabilities and issues of gender equality by enhancing social protection (strengthening a fragmented, underfunded system by building cohesion, providing policy guidance and investing in target groups); decreasing the incidence of traditional practices harmful to women and girls as well as gender-based violence; and by making efforts to ensure that adolescent girls attend school. It will promote and protect the rights of vulnerable adolescents at risk of child marriage, sexual abuse and child sex tourism; and explore its links to child trafficking. Child protection will be integrated into health services through existing structures (mothers' clubs, schools and health facilities) to prevent, respond to, report on and monitor violence against children,

and by means of collaboration with the education sector to eliminate violence and abuse against children in schools, including daras, and children in need of humanitarian action. Social protection will play a pivotal cross-cutting role by providing social and income support for the most vulnerable children and women. The programme will address gender-based violence in schools as an entry point to breaking the cycle of domestic gender-based violence and violence in society in general.

33. The programme will work closely with the child survival and development programme at the community level to ensure that children receive early childhood education as part of an integrated approach to ECD that also includes health, nutrition, protection and WASH services. Emergency preparedness will be integrated into the child protection and education systems to ensure that children are protected from exploitation and harm and are able to continue their education during crises.

34. The programme has proposed outcomes for child protection, early childhood and inclusive education and social protection. Each outcome addresses both upstream policy advocacy and downstream community-based systems and services, and emphasizes strengthened intersectoral coordination at the community level.

35. Regarding child protection, if the child protection system is equipped to equitably prevent and respond to violence against and the abuse and exploitation of children, the Gambia will have a strong legal and policy framework to eliminate violations of children's rights and to support communities and families in abandoning violence and harmful traditional practices as well as to provide services at the national level to respond to violence against children.

36. The programme will employ policy advocacy and capacity development in its work with the Department of Social Welfare (DSW), the Ministry of Justice, the judiciary and other partners to support the passage and implementation of laws and policies. It will employ targeted service delivery in supporting non-governmental organizations (NGOs) and vulnerable populations. At the community level, the programme will employ social and behavioural change communication in working with NGOs and local communities to reduce the incidence of violence against children and harmful traditional practices and to increase birth registration. It will explore linkages with parenting education under the preschool/early childhood education component. UNICEF will continue to work with UNFPA in the multi-country joint programme on FGM/C and child marriage, and pursue South-South cooperation with Senegal in combating FGM/C.

37. DSW is legally mandated by the Children's Act 2005 to be the lead agency for child protection. UNICEF will work with the following bodies: (a) the Ministry of Justice, to strengthen the legal framework regarding the child justice system; (b) the judiciary, on increasing access to child-friendly justice services, including support for the development of accountability feedback systems; (c) the Ministry of Interior, regarding children in contact or conflict with the law; and (d) the Women's Bureau, on policy work to reduce gender-based violence and harmful traditional practices. UNICEF will work with NGOs on (a) combating harmful traditional practices, violence against children and child sex tourism; (b) supporting orphans and vulnerable children; and (c) engaging communities and raising awareness on key child protection risks.

38. Regarding inclusive education, if the Gambia has an inclusive education system that provides comprehensive early childhood education to all children, in conjunction with health, nutrition and protection interventions, and ensures the rights of all children, particularly those excluded from schooling and/or in need of special protection, to an appropriate quality education, children in the Gambia will receive early stimulation and learning, combined with nutrition and health services, that will prepare them to be

developmentally ready for primary school, and out-of-school children will receive appropriate quality education that meets their specific needs, including improved learning outcomes and a decreased risk of dropping out of school. The ECD axis will focus on policy advocacy and evidence generation in conjunction with government officials and on capacity development through the training of community leaders, health centre staff, parents and other caregivers about the importance of early stimulation and learning for young children. An ECD learning assessment will be the basis for future programming. The inclusive education axis will focus on policy advocacy and evidence generation; data collection on out-of-school children; targeted service delivery and capacity development; and social behaviour change communication for parents, teachers and children on such issues as school-related gender-based violence, hygiene, safety and protection in learning spaces and increased awareness of traditional, cultural and religious misconceptions about the education of girls and children with disabilities. A parental education survey is planned as part of these efforts.

39. Regarding social protection, if an inclusive, integrated national social protection system reaches the most vulnerable children, they will be better protected from the effects of extreme poverty. Using policy advocacy, evidence generation, knowledge management, capacity-building and awareness-raising, UNICEF will partner with government and non-governmental institutions and international think tanks to pilot and gradually expand social protection programmes and mobilize domestic and external resources.

Programme effectiveness

40. This component aims to ensure that the country programme is managed efficiently, that its programme components are well coordinated, and that cross-sectoral interventions for gender, public policy advocacy, emergency preparedness and response, social behaviour change communication and monitoring and evaluation are integrated into the country programme. Achieving the programmatic outcomes will require strong coordination among different programme areas, especially because of the emphasis on the downstream, community-level coordination of services, and an integrated and systemic approach to addressing social cultural barriers and norms across the various programmes.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival and development	3 063	6 252	9 315
Protection and inclusion of children	2 625	8 313	10 938
Programme effectiveness	3 227	175	3 402
Total	**8 915**	**14 740**	**23 655**

Programme and risk management

41. The UNCT has established working groups aligned with the three UNDAF outcomes (UNICEF chairs the group on human capital development). The UNCT Programme

Coordination Group, chaired by UNICEF, meets monthly to monitor progress and undertakes periodic joint field monitoring visits.

42. The main external risks to the country programme are related to the global economy, climate shifts, possible disease outbreaks, migration and potential political instability. Because the Gambia is affected by erratic rainfall and drought, it relies heavily on imported food. Rising commodity prices could have a serious impact on a child population that is already affected by malnutrition. In the case of a serious food crisis, the programme would accelerate services to provide therapeutic foods to combat severe acute malnutrition.

43. A disease outbreak or continued terrorist attacks in the subregion could have a serious destabilizing effect on the economy of the Gambia. The outbreak of Ebola virus disease in the region significantly reduced the number of tourists visiting the country, and the economy still has not fully recovered. If a disease outbreak were to occur in the Gambia or in neighbouring countries, UNICEF would collaborate with the World Health Organization, the Government and other partners to accelerate health and nutrition services to protect the most vulnerable children. In the case of political or humanitarian crises, UNICEF would reallocate resources and redirect programming as required, in particular to address children's vulnerability to a range of protection risks.

44. Internal migration is increasing in the Gambia, as families leave rural areas affected by poverty and drought for urban areas. The programme is addressing these population shifts by focusing on the country as a whole, using data and feedback from partners as the criteria for intervention.

45. UNICEF will promote the diversification of partnerships, especially with national and local groups that are critical allies within a fragmented civil society. UNICEF will provide monitoring and evaluation training to local NGOs to generate better data and to engage with small local agencies and community-based organizations.

46. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

47. Monitoring and evaluation of the country programme will be based on the results and resources framework, the integrated monitoring, evaluation and research plan and the costed evaluation plan. Studies will be conducted on such issues as child marriage, child sex tourism and child poverty to fill knowledge gaps and inform programmes. The EU-supported cash transfer programme will be evaluated to measure its effectiveness in reducing child malnutrition and to support advocacy for the establishment of government-funded cash transfer programmes.

48. The Ministry of Planning and Policy is responsible for the overall coordination of the country programme, with key line ministries, departments and agencies implementing activities agreed in multiyear workplans. At mid- and end-year, the programme will be reviewed in line with the indicators and performance targets identified in the results frameworks of the UNDAF and CPD. The reviews will be reinforced with quarterly joint field monitoring visits with partners to assess progress on results. A midterm review of the country programme will assess the UNICEF contribution to the national development

agenda. The data and knowledge produced will be used to determine the overall progress towards country programme results.

49. UNICEF will continue to support such data collection initiatives as the DHS, MICS and the SMART survey and to develop national capacities on sector management information systems, especially the introduction of new indicators and the generation of disaggregated data.

Annex

Results and resources framework

The Islamic Republic of the Gambia - UNICEF country programme of cooperation, 2017-2021

Convention on the Rights of the Child: articles 1-41
National priorities: National Development Plan under development

UNDAF outcomes involving UNICEF:

1.2 Institutional reforms implemented to ensure the rule of law and guarantee people their human rights, such as access to justice, gender equality, basic social services and democratic participation in decision-making processes

Indicator: governance indices: rate of compliance of the Gambia with its reporting obligations under ratified human rights treaties

2.1 Increased access to inclusive and equitable quality and relevant education for all

Indicators: literacy rate: percentage of gross enrolment rate at the basic and secondary education levels; completion rate of basic and secondary education; proportion of pupils within 2 km (basic) and 4 km (secondary) radius of school facilities

2.2 Increased equitable access to quality health care for all

Indicators: neonatal mortality rate; maternal mortality rate; availability of a national multisectoral action policy and plan to improve the management of and reduce non-communicable diseases and their risk factors; contraceptive prevalence rate

2.3 Increased access to equitable water, sanitation and hygiene for all.

Indicators: proportion of population using improved water sources for drinking; proportion of population using improved sanitation facilities; proportion of population practising open defecation

2.4 Increased equitable and quality access to nutrition-specific and -sensitive services

Indicators: percentage of children under 5 years of age stunted; percentage of children under 5 years of age wasted; household dietary diversity score

2.5 Increased access to integrated, inclusive and sustainable social protection services for vulnerable groups.

Indicators: percentage of national budget allocated or spent on social protection programmes; proportion of vulnerable population receiving social protection support; proportions of schools and early childhood development centres benefiting from school meals; national capacity index for resilience, school meals and nutrition

UNICEF Strategic Plan 2014-2017:

- Improved and equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of healthy behaviours
- Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents
- Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices
- Improved and equitable use of nutritional support and improved nutrition and care practices
- Improved learning outcomes and equitable and inclusive education
- Improved and equitable prevention of and response to violence against and the abuse, exploitation and neglect of children
- Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Children and women have access to and utilize improved and equitable quality maternal and child health services, learn and practise healthy behaviours	Percentage of women having four antenatal visits Baseline (2013): 77.6% Target: 85%	DHS/MICS	A strengthened PHC system provides equitable and quality maternal and child health services for all girls, boys and women. Communities acquire positive behaviours and demonstrate enhanced demand for health services, with a particular focus on the neonatal period. Community-level capacities are strengthened to deliver quality maternal and child health services.	Ministry of Health and Social Welfare UNFPA WHO NGOs/civil society organizations (CSOs)	1 500	2 000	3 500
	Percentage of births delivered in health facilities Baseline (2013): 62.6% Target: 75%	DHS/MICS					
	Percentage of children under 1 year of age receiving DTP-containing vaccine at the national level Baseline (2013): 86.2% Target: 95%	DHS/MICS					
	Percentage of children (0-59 months) with symptoms of pneumonia taken to an appropriate health provider Baseline (2013): 68% Target: 80%	DHS/MICS					
Children, adolescent girls and women, especially the most vulnerable, realize their rights and utilize equitable and quality nutritional services and nutrition and care practices.	Percentage of children (6-59 months) wasted Baseline (2015): 10.3% Target: 8.2%	SMART survey	The national nutrition system is strengthened with the capacity to respond to shocks and meet community needs in providing equitable and quality nutrition services. Caregivers in supportive communities practice optimal nutrition and care practices for children, with a particular focus on recognizing and treating severe acute malnutrition.	National Nutrition Agency Ministry of Health and Social Welfare WFP FAO NGOs/CSOs	853	2 412	3 265
	Percentage of children (0-5 months) who are exclusively breastfed Baseline (2013): 47% Target: 52%	DHS/MICS					
	Percentage of children (6-23 months) provided with minimum dietary diversity	DHS/MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Baseline (2013): 10.6% Target: 25%						
Children and their families have improved and equitable access to and utilize safe drinking water and sanitation services and adopt improved hygiene practices and behaviours.	Proportion of the population using an improved source of drinking water Baseline (2013): 89.6% Target: 95%	DHS/MICS	National policies, effective financing, coordination and accountability for WASH and local capacities for service delivery are strengthened, including during humanitarian situations. Caregivers and communities use safe drinking water and adopt adequate sanitation and good hygiene practices.	Department of Water Resources Ministry of Health and Social Welfare Ministry of Basic and Secondary Education NGOs/CSOs	710	1 840	2 550
	Proportion of the population practising open defecation Baseline (2013): 1.8% Target: 0%	DHS/MICS					
	Percentage of primary schools that have WASH facilities meeting national standards Baseline (2015): 82% Target: 95%	Educational Management Information System (EMIS)					
	Percentage of households handwashing with soap and water Baseline (2013): 10.1% Target: 20 %	DHS/MICS					
The child protection system is equipped to minimize and respond to violence against and the abuse and exploitation of children.	Percentage of children (2-14 years) who experience violent disciplinary practices by an adult member of the household Baseline (2010): 90.3% Target: 80%	DHS/MICS	The child protection institutional framework is strengthened, including through increased budgetary allocations. Prevention and response services are enhanced to provide equitable and quality protection services to all children.	Department of Social Welfare Ministry of Health and Social Welfare Ministry of Justice Ministry of the Interior UNFPA	1 250	3 563	4 813
	Percentage of girls (0-14) years undergoing FGM/C Baseline (2010): 42.4%	DHS/MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Target: 30%		Families and communities reduce the incidence of violence and harmful traditional practices affecting children.	NGOs/CSOs			
	Percentage of children under 5 years of age whose birth is registered Baseline (2013): 72.0% Target: 90%	DHS/MICS					
	Percentage of women (20-24 years) married before age 18 Baseline (2013): 30.4% Target: 20%	DHS/MICS					
An inclusive education system is equipped to provide comprehensive early childhood education to all children, in conjunction with health, nutrition and protection interventions, and to ensure the rights of all children to an appropriate quality education.	Gross enrolment ratio in pre-primary education Baseline (2015): 45.4% Target: 70%	EMIS	All children aged 0 to 6 years benefit from formal and informal quality early learning opportunities for enhanced school readiness. Children excluded from mainstream education, including those affected by humanitarian situations, exercise their right to an appropriate quality and inclusive education.	Ministry of Basic and Secondary Education Gambia Teachers Union NGOs/CSOs	1 000	2 250	3 250
	Percentage of trained ECD teachers/facilitators Baseline (2015): 49.2% Target: 70%	EMIS					
	Percentage of children out of school Baseline (2010): 26% Target: 15%	United Nations Educational, Scientific and Cultural Organization Institute for Statistics Study data on out-of-school children					
	Percentage of government expenditures allocated for education Baseline (2014):15%	National budget estimates					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Target: 20%						
The most vulnerable children benefit from an inclusive national social protection system.	Public social protection expenditure for children as a percentage of the gross domestic product Baseline (2015): 0% Target: 0.5%	National budget estimates	The most disadvantaged and excluded children and women have access to a minimum social protection floor.	National Assembly Ministry of Health and Social Welfare Ministry of Finance and Economic Affairs	375	2 500	2 875
There is a coherent, integrated and well-coordinated programme.	UNICEF programme maintains direct cash transfers of 6 to 9 months at ≤ 5% Baseline (2015): 0% Target: 0%	Harmonized approach to cash transfers	UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes. UNICEF staff and partners are provided tools, guidance and resources for effective communication on child rights issues with stakeholders. UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programmes and for effective advocacy and partnerships on child rights issues with stakeholders.	Other United Nations agencies UNICEF regional office UNICEF headquarters All country office implementing partners	3 227	175	3 402
Total resources					**8 915**	**14 740**	**23 655**